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APPLICANTS

Mario P. Manfre, Katy, TX;
 Christopher A. Schmid, Houston, TX;

** CONTINUING DATA ***** *none sc*** FOREIGN APPLICATIONS ***** *none sc*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/13/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>sc</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

22045

TITLE

Electronic confirmation to debit or credit an account

FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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